

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent # <u>10/518576</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input checked="" type="checkbox"/> Other <u>Search Fee</u>			\$ <u>100.00</u>
		7 TOTAL AMOUNT OF REFUND	\$
		8 TO BE REFUNDED BY:	
<input type="checkbox"/> Overpayment		Treasury Check	
<input checked="" type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
10 REASON:		9 <u>15--0030</u>	
<input checked="" type="checkbox"/> No Fee Due (Explanation):			
11 REFUND REQUESTED BY: <u>F Young</u>			
TYPED/PRINTED NAME: <u>Francine Young</u>		TITLE: <u>Paralegal</u>	
SIGNATURE: _____		PHONE: _____	
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B